麥科林醫學診斷中心
MTI Medical Diagnostic Centre

Headway ^{13}C-Urea Breath Test for H. Pylori

UBT Sample Collection Form
(UBT Lab Form - 102)

Lab/Med Centre : _____ Date of Test : _____

Contact Person : _____ Phone No. : _____

Patient Name : _____ ID No. : _____

Date of Birth : _____ Age : _____ Gender : _____ M/F
(DD/MM/YYYY)

Collection Hotline : 5363 4540 **WhatsApp : 5363 4540**

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